

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045906

1. Entity Name  
AA THE SERVICES GROUP, INC.

Principal Place of Business  
17410 US HWY 41 N  
LUTZ FL 33549

Mailing Address  
17410 US HWY 41 N  
LUTZ FL 33549

2. Principal Place of Business  
8107 N. CLARK AVE  
Suite, Apt. #, etc.  
TAMPA, FL  
City & State

3. Mailing Address  
8107 N. CLARK AVE  
Suite, Apt. #, etc.  
TAMPA, FL  
City & State

Zip  
33614

Country

Zip  
33614

Country

4. FEI Number 59-3642246

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

DIAZ, JOSE A  
17410 US HWY 41 N  
LUTZ FL 33549

Name THOMAS E. SPRINGER  
Street Address (P.O. Box Number is Not Acceptable)  
8107 N. CLARK AVE  
TAMPA  
City TAMPA FL Zip 33614

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Thomas E. Springer

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SPRINGER, TOM	
STREET ADDRESS	17410 US HWY 41 N	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8107 N. CLARK AVE	
STREET ADDRESS	TAMPA, FL 33614	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS E. SPRINGER

1-13-02

Date

913-841-8515

Daytime Phone #

FILED  
Jun 30, 2002 8:00 am  
Secretary of State

05-22-2002 90159 043 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)